



TB CARE I

TB CARE I - Namibia

Year 4

Quarterly Report

January-March 2014

April 30, 2014

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1. Quarterly Overview

Country	Namibia
Lead Partner	KNCV TB Foundation
Coalition Partners	The Union, WHO
Other partners	NABCOA
Work plan timeframe	Oct 2014-Sep 2014
Reporting period	Jan-Mar 2014

Most significant achievements:

TB CARE I was involved in planning, coordinating, funding and participating in World TB Day commemorations throughout the country; the national event was held at Oshikango in Ohangwena region bordering Angola on the 31st of March 2014. Over 500 people attended and participated in this event where TB messages were shared with the community through marching, drama and speeches from dignitaries including the Minister of Health and Social Services, Hon Dr Richard Kamwi.

The annual District TB and Leprosy Coordinators' Forum was held with support from TB CARE I. In this forum all thirty-four districts of the country were represented who reviewed all work of the previous year. The forum also allows interaction of health care workers involved in TB work, sharing of information and enhances communication with national level staff with subsequent improvement in patient care and data quality. Following the forum, DTLC's were urged to utilize ETR.net when conducting quarterly review meetings and comparisons with paper based done routinely (any discrepancies thereof addressed). Training in ETR.net is planned at the end of May for both regional and district TB coordinators.

TB CARE I participated and facilitated the regional managers' forum in Swakopmund. A total of 22 participants (17 females and 5 males) attended from all the regions. Held in the same town at the same time, doctors and pharmacists (32 (11 females and 21 males)) were trained on the Guidelines for the management of Tuberculosis and Leprosy in which a total of. Combining these two events in the same town made optimal use of human resources for both the trainees and the trainers. The regional managers were expected to review and finalize and submit the region-specific annual report to the M and E team for compilation of the national annual report. These meetings are part of the data quality efforts of the NTLP and are crucial for information sharing and data quality check/audit

Tsumkwe stakeholders' meeting: TB CARE I supported a stakeholders' meeting for the Tsumkwe constituency which is dominated by the minority, marginalized San people. This is the area where the largest number of DR-TB patients has been identified over the years. Engaging the communities has led to improved cooperation and better treatment outcomes of both susceptible and drug resistant TB cases

TB CARE I supported a consultative workshop for development of TBL Monitoring and Evaluation manual. The workshop was attended by participants from various stakeholders including; CDC, USAID, Global Fund, Project Hope, NABCOA, Namibia Red Cross, MSH, Penduka, NIP, all 13 regional directorates, Desert Soul, Ministry of Defense, Ministry of Safety and Security, MoHSS and KNCV TB Foundation. A total of 51 people participated (20 males and 31 females) during the three-day workshop whose main aim was to solicit for inputs into the first draft of the M and E manual.

During this quarter further work was done on Operations Research (OR) projects currently being implemented in the country through a workshop to finalize data analysis and report-writing for the OR studies. A total of ten participants (3 males and 7 females) from three research studies (TAT, Contact investigation and Ecological study) participated in the workshop whose main outcome was development of draft study reports and draft abstracts. Good collaboration among the group members and constant inputs from technical support from KNCV (locally and from HQ) resulted in good progress in all three groups.

Technical and administrative challenges:

Low treatment success rate for patients put on MDR-TB regimen

Slow progress of the 3 I's Project, despite the notable achievements in the last 6 months.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹		Comments
1.2.8	CB-DOTS program is implemented		In two out of 13 regions	In two out of 13 regions	Measured annually		Ongoing activity
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end		Planned Month		Status ²
					Start	End	
1.2.1	KNCV	Consolidate and expand support to Community-based TB Care (CBTBC) services in Erongo and Karas region	63 field promoters work in seven districts of Erongo and Karas regions in the field of CBTBC; providing DOT to TB patients, following up defaulters, tracing contacts and giving health education to the community. TB CARE I supported the conduct of a country-wide independent Community-based TB Care (CBTBC) assessment (payment for the consultants and technical input to the assessment). A feedback meeting is planned for end of April 2014		Oct 13	Sep 14	Ongoing
1.2.2	KNCV	Support Life-style ambassadors' (LSAs) grass-roots TB awareness program	A fresher course and one review meeting in two of thirteen regions are planned for the third quarter.		Oct 13	Sep 14	Pending
1.2.3	KNCV	Short term TA for ACSM Monitoring and Evaluation (M&E) support	Pending. This activity is moved by NTLP to late 2014. Netty will conduct AT with Victor in July 2014 to initiate community-based DR-TB management		Jan 14	Mar 14	Pending
1.2.4	KNCV	World TB Day (WTBD) Commemorations	This activity, conducted on the 31 st of March in Ohangwena region where more than 500 people attended and was a huge success with messages from WHO and Namibian Minister as well as from the community		Jan 14	Apr 14	Completed

¹ If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the work plan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

Some pictures from the World TB Day Commemorations: Theme, Reaching all Namibians with TB. The launch (by the minister of Health and Social Services) of the TBIC guidelines and the ACSM Strategy were other highlights of the WTBD commemorations this quarter



2.3 Infection Control

TB Infection Control							
Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved		Yes	Yes	Yes		TBIC Guidelines were launched during the WTBD commemorations in March 2014 (see picture above)
3.2.2	Facilities implementing TB IC measures with TB CARE support		34	34	34		Ongoing; all 34 district hospitals are implementing TBIC measures. Assessments were conducted in Khomas region during this quarter and two districts will be assessed next quarter
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.1.1	KNCV	Supporting an annual TB-IC review meeting	Activity is planned for 28 th April 2014. TB CARE 1 supports activity financially and technically		Jan 14	Apr 14	Pending

2.4 PMDT

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
C6	Number of MDR cases diagnosed		330	397	61 (this number includes 37 cases diagnosed on Xpert alone)		Numbers reported here are only for Q1 (Oct-Dec 2013), the Q2 figures are still to be verified and will be shared in the next report
C7	Number of MDR cases put on treatment		330	397	58		Only 3 cases diagnosed through Xpert were not commenced on treatment this quarter
4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment		70%	75%	38/50 (76%)		
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		65%	70%	21/36 (58%)		This is treatment outcome for patients commenced on treatment 2 years ago this quarter
4.1.5	Number of DR TB patients clinically reviewed Description: (Absolute number) This is the number of patients with documented clinical reviews by the clinical coordinator during the year, as part of either direct or indirect clinical consultations		257 (2012)	272 (50% of projected MDR TB cases in the period)	110		62 patients were clinically reviewed in Q1 while 48 were reviewed in Q2
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
4.1.1	KNCV and The Union	International Clinical DR-TB Training	Pending; Planned for 4 th quarter		Mar 14	Sep 14	Pending
4.1.2	KNCV	Annual DR-TB review exercise	This is planned for 4 th quarter		Jan 14	Jun 14	Pending
4.1.3	The Union	Short-term TA: 2 course facilitators for the International Clinical DR-TB Course	This is also planned for 4 th quarter		Apr 14	Sep 14	Pending

2.5 TB/HIV

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments	
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings		11,367	9,622	Measured annually	Measured annually and will be obtained from the HIV program	
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register		88% (n = N/A)	90%	Q1=2388/2588 (92%)	Q2 data is still being verified in review meetings which are currently underway and reports expected by end of April 2014	
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)		86%	90%	Q1=891/1081 (82%)	Q2 data is still being verified in review meetings which are currently underway and reports expected by end of April 2014	
5.3.2	HIV-positive TB patients started or continued on CPT		99%	99%	Q1=1069/1081 (99%)	Q2 data is still being verified in review meetings which are currently underway and reports expected by end of April 2014	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month	Status		
					Start	End	
5.2.1	KNCV	Short-term TA on rolling-out WHO guidelines on contact investigation	Internal discussions ongoing with the NTLP regarding dates for the TA as well development of the TOR's for the proposed TA mission by Dr Victor Ombeka and 2 international consultants from university of California, San Francisco (UCSF)/American Thoracic Society (ATS), the latter through TB CARE I core funds.	Jan 14	Sep 14	The proposal to bring in 2 international consultants from UCSF/ATS to assist the country in the roll-out of contact investigation was not approved pending the outcome of the contact investigation operational research. Dr Victor Ombeka's TA will focus on development of a national Community-based DR-TB Plan.	
5.2.2	KNCV	TB/HIV PPM/NABCOA	Ongoing activity	Oct 13	Sep 14	Ongoing	
5.2.3	KNCV	Support to HIV Clinicians' Society	Ongoing activity; There are plans to support the TB/HIV SOC annual forum and training programs as well as PPM activities based on proposals submitted to the NTLP	Oct 13	Sep 14	Ongoing	

Updates on the implementation of the 3 I's project in Namibia

Below are some of the highlights of the TB/HIV Initiative linked accomplishments for this quarter:

1. Conducted 3 Monthly TB/HIV Steering Committee meetings for the project oversight at national level to improve project coordination and encourage collective decisions, as well as ensuring monthly project updates to all stakeholders.
2. The draft TB/HIV Initiative Logo was also finalized, and the print process is expected to start in quarter 3.
3. The recruitment guidelines for the CHWs have been finalized, and first review of the TB/HIV training Curriculum on 3 "I"s for Community Health Workers was conducted with inputs from all stakeholders received for the inclusion in the final document.
4. Sub-agreements between KNCV and implementing partners were finalized, and preliminary preparations for the recruitment process have been commenced.
5. With regards to IEC material development, there have been consultations between Directorate of Special Programs and Primary Health Care directorate to discuss the IEC materials development process. To date, a Task Force has been established to review existing materials and work on the TB/HIV IEC messages.
6. A total of 12 health facilities and 1 laboratory in Windhoek district were assessed for implementation of TB Infection Control measures to support the enhancement of TBIC in participating districts as part of the project. In addition, the TBIC support visit was included in overall TBIC assessment for Windhoek district to provide on-site support and advocate for the implementation of policies, tools and procedures to promote effective TB infection control in all facilities
7. The GeneXpert algorithm has also been completed, and will be incorporated into the curriculum for the Community Health Workers in line with the current national TB guidelines.

2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
6.1.1	Government budget includes support for anti-TB drugs		100%	100%	100%	Government of Namibia funds 100% of all TB medicines
6.1.2	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups		Yes	Yes	Yes	TB CARE I supports NTLP in Global Fund processes; grant negotiation and supporting implementation and monitoring of planned activities
6.2.1	TB CARE-supported supervisory visits conducted		12	15	10	TB CARE I supported the five zonal review meetings of the quarter in addition to the 5 supported in the previous quarter. Teams from national level were also funded to provide technical support to the zones
6.2.2	People trained using TB CARE funds		600	600	32 (11 females and 21 males)	A training for doctors and pharmacists was conducted in collaboration with ITECH and Global Fund
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.1.1	KNCV	Support DTLCS' retreat	District TB and Leprosy coordinators' forum was held this quarter; all thirty-four districts were represented.	Jan 14	Mar 14	Completed
6.1.2	KNCV	Short-term TA; general program support	Planned for 3 rd quarter	Oct 13	Sep 14	Pending
6.1.3	The Union	Short-term TA: GF/SSF support	Planned for 3 rd quarter	Oct 13	Sep 14	Pending
6.1.4	WHO	Short-term TA: NTLP Strategic plan III development	Planned for 4 th quarter	Jul 14	Sep 14	Pending
6.1.5	WHO	Short-term TA: Knowledge management and documentation of contributions of KNCV TB Foundation/TB CTA	Planned for 3 rd quarter	Jul 14	Sep 14	Pending

		towards TB control in Namibia				
6.1.6	WHO	Capacity building for NTLP and local KNCV staff	Pending	Jan 14	Sep 14	Pending

TB CARE I supported the annual District TB and Leprosy coordinators' Forum in January 2014. The forum allows the DTLC's to share experiences and reflect on work done during the previous year while planning for the year ahead. Activities included presentations, group discussions, indoor and outdoor activities.

Some Outdoor activities at the DTLC's retreat.....



During the same quarter, TB CARE I in collaboration with Global Fund Supported the conduct of Regional TB and Leprosy Coordinator's forum during which data cleaning for the 2013/14 annual TB report was done. This was a very fruitful meeting in which "Working SMART" was emphasized in all work practices. A total of 22 participants (17 females and 5 males) attended from all the regions.

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
7.2.1	Data quality measured by NTP		Yes	Yes			
7.2.2	NTP provides regular feedback from central to intermediate level		100%	100%	50%		Feedback provided during the zonal review meetings held every quarter. So far 10 out of 20 zonal review meetings have been held
7.3.1	OR studies completed		0	5	0		All five research studies are finalizing reports and will write manuscripts for publication
7.3.2	OR study results disseminated		0	5	0		All five research studies are finalizing reports and will write manuscripts for publication
7.1.3	2 nd Anti-TB drug resistance survey conducted Yes/No: the first monthly progress report is available for the DRS according to the approved protocol		2008-2009	Yes	Nil		The second DRS is planned for 3 rd quarter
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
7.2.1	KNCV	Data quality support visits	Planned for the 4 th quarter		Oct 13	Sep 14	Pending
7.2.2	KNCV	Data quality zonal review	5 zonal review meetings were held for the quarter as planned		Oct 13	Sep 14	Completed
7.3.1	KNCV	OR related activities	A follow-up OR training course was held in Windhoek in the 1 st quarter.		Oct 13	Sep 14	Completed
7.3.2	KNCV	Short-term TA: OR	TA on finalizing report writing and manuscript development is planned for the 4 th quarter		Oct 13	Sep 14	Pending

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
TB SSF Phase II (Q1)	Not rated yet as the implementation started the 1st of Oct 2013	Not rated yet as the implementation started the 1st of Oct 2013	US 18,830,287.40 (Total 3 years)	No disbursement yet. The implementation is using the available cash balance from Phase I. We expect the first disbursement in March 2014
TB SSF phase II (Q2)	B1	B1 (April-Sep 2013)	US 18,830,287.40 (Total 3 years)	USD3 385 299.00

* Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

Updates: Implementation of planned activities started for all SR's (including new SR's Desert Soul and Cestas)

GF country Team visited Namibia in March and had meetings with NTLP and other stakeholders concerning the conditions precedents and Special conditions. TB CARE I technical team participated in these meetings

Bottlenecks: Some activities have not yet started due to Condition Precedents not yet fulfilled (TB cross-border activities and TB/HIV activity plan related money worth about US\$ 3 million under HIV GF/RCC grant. The plan to expand TB/HIV collaborative activities in 4 districts, based on the 3 I's Project approved by Office of Global IADS Coordinator – OGAC – is being developed and will be submitted to GF by the end of April 2014).

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work plan

TB CARE I Namibia supported the Ministry of Health and Social Services in all stages of the Global Fund application, approval, grant negotiation to implementation. Technical staff from TB CARE I country office and from the Head office are in constant communication and collaboration with the NTLP throughout the entire grant period.

Of note is the active involvement of the team in the application, the grant negotiation processes as well as in the monitoring and evaluation of the TB SSF grant.

Currently, technical staff from the NTLP and TB CARE I are working on issues identified as Special Conditions and Condition Precedents.

4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	222	222	This reflects data for Oct-Dec 2013 while the data for Jan-March will be available by the end of April 2014
Total 2011	194	194	
Total 2012	216	216	
Jan-Mar 2013	85	85	
Apr-Jun 2013	44	44	
Jul-Sep 2013	36	31	
Oct-Dec 2013	61	58	
Total 2013	225	218	
Jan-Mar 2014	Not available		

5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	1.2.3	Netty Kamp	Short-term Technical Assistance (TA) to finalize ACSM Monitoring and Evaluation (M&E) plan	May	Pending		The revision of the M&E framework of the ACSM strategic plan will take place in late 2014/early 2015, during the extension of the NTLP medium-term plan by 2 more years, until 2017. Netty will join Victor in the development of the national Community-based DR-TB plan expected to take place in July 2014
2	KNCV	5.2.1	TBD	Short-term Technical Assistance (TA) to roll-out WHO's Guidelines on Contact Investigation	May	Pending		The focus of this TA mission, to be conducted by Victor, is shifted to development of a National Community-based DR-TB Plan
3	KNCV	6.1.2	Bert Schreuder	Short-term TA: General TB Programme Support	April	Pending		Bert was expected to join Remi Verduin and Kelsey Vaughan during the CBTBC Assessment feedback to be conducted on April 23 and 24, 2014. The money under the TA will be used to cover the extra days for Remi as Bert is unable to attend the meeting

								because of other commitments
4	KNCV	6.1.5	Marleen Heus	Short-term TA: Knowledge management and documentation of contributions of KNCV TB Foundation/TB CTA towards TB control in Namibia	April	Pending		Marleen will visit Namibia in August or September 2014
5	KNCV	7.3.2	Ellen Mitchell	Short-term TA: Final analysis and dissemination of OR projects	August	Pending		Ellen will visit Namibia in August or September 2014.
6	The Union	4.1.3	Jose A. Caminero and Anna Scardigli	Short-term TA: Course facilitators for the International DR-TB Clinical Course	July	Pending		
7	The Union	6.1.3	Riitta Dlodlo	Short-term TA: Implementation of Global Fund/Single stream Funding (GF/SSG) for TB	June	Pending		Discussion with NTLP to modify the purpose of the mission ending as the NTLP suggested that it may be too early to monitor progress in the implementation of GF/SSF because of the delays in the disbursement of funds
8	WHO	6.1.4	TBD	Short-term TA: Development of NTLP Medium-term Plan, 2016 - 2020	August	Pending		WHO/Namibia was asked to contact NTLP to discuss the details of the TA mission and identify the consultant; no response from WHO so far.
Total number of visits conducted (cumulative for fiscal year)						0		
Total number of visits planned in work plan						8		
Percent of planned international consultant visits conducted						0%		